

ASSISTED LIVING FACILITY REQUEST FOR WAIVER, APPROVAL, VARIANCE OR EXCEPTION

Completion of this form is voluntary. Personal information collected on this form will be used during the review process and for no other purpose. Questions about completion of this form can be directed to the Office of Quality Assurance (OQA) Regional Office that served the facility. The telephone numbers are on the reverse side of this form. Return the completed and signed form to the appropriate OQA Regional Office address listed on the reverse side of this form.

Name – Facility	County	License No.
Address		Check Type of Facility <input type="checkbox"/> CBRF <input type="checkbox"/> Adult Family Home
Name – Resident	Applicable Codes	
Describe Existing Condition		

Alternate Proposal for Variance (Attach additional pages as necessary.)

Name (PRINT) Person Completing This Form	Title	Time Period This Request Covers	
		From	To
SIGNATURE – Person Completing This Form		Date Signed	

LICENSING SPECIALIST ACTION

☐ Approve Request; expiration date _____

☐ Deny Request

(Check One)

☐ Waiver ☐ Approval ☐ Variance ☐ Exception

Justification

Conditions

Name – Licensing and Certification Specialist

RFOD or RFOS Review Requested ☐ Yes ☐ No

RFOD or RFOS Comments

SIGNATURE - RFOD or RFOS

Date Signed

